

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/018240		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2		1		1			52				
3							53				
4		3		1			54				
5		3		1			55				
6		3		1			56				
7		3		1			57				
8		3		1			58				
9		3		1			59				
10		3		1			60				
11		3		1			61				
12		3		1			62				
13				1			63				
14				1			64				
15				1			65				
16				1			66				
17				1			67				
18				1			68				
19				1			69				
20			1				70				
21							71				
22							72				
23							73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			2				TOTAL IND.				
TOTAL DEP.			10				TOTAL DEP.				
TOTAL CLAIMS			20				TOTAL CLAIMS				